



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2009
OF THE CONDITION AND AFFAIRS OF THE

OmniCare Health Plan, Inc.

NAIC Group Code	1137	, 1137	NAIC Company Code	12193	Employer's ID Number	20-1052897
	(Current Period)	(Prior Period)				
Organized under the Laws of	Michigan			State of Domicile or Port of Entry	Michigan	
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health []		Property/Casualty []		Hospital, Medical & Dental Service or Indemnity []	
	Dental Service Corporation []		Vision Service Corporation []		Health Maintenance Organization [X]	
	Other []		Is HMO, Federally Qualified? Yes [] No [X]			
Incorporated/Organized	04/22/2004		Commenced Business	10/01/2004		
Statutory Home Office	1333 Gratiot, Ste 400			Detroit, MI 48207		
	(Street and Number)			(City, State and Zip Code)		
Main Administrative Office	1333 Gratiot, Ste 400					
	(Street and Number)					
	Detroit, MI 48207			313-465-1519		
	(City, State and Zip Code)			(Area Code) (Telephone Number)		
Mail Address	1333 Gratiot, Ste 400			Detroit, MI 48207		
	(Street and Number or P.O. Box)			(City, State and Zip Code)		
Primary Location of Books and Records	1333 Gratiot, Ste 400					
	(Street and Number)					
	Detroit, MI 48207			313-465-1519		
	(City, State and Zip Code)			(Area Code) (Telephone Number) (Extension)		
Internet Web Site Address	www.omnicarehealthplan.com					
Statutory Statement Contact	Kenyata J. Rogers			313-465-1519		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	KJRogers@cvty.com			313-465-1604		
	(E-Mail Address)			(Fax Number)		

OFFICERS

Name	Title	Name	Title
Beverly Ann Allen	President and Chief Executive Officer	Kenyata Jamilea Rogers	Chief Financial Officer
John Joseph Ruhlmann #	Corporate Controller & Treasurer	Shirley Ann Roquemore_Smith	Secretary

OTHER OFFICERS

Jonathan David Weinberg	Assistant Secretary	Melinda L. Tuozzo #	Assistant Treasurer
Yekaterina Bogush #	Actuary		

DIRECTORS OR TRUSTEES

Beverly Ann Allen	Paul C. Conlin	Tiawauna Lowe	Claudia Bjerre
Ernestine Romero			

State of Michigan
County of Wayne

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Beverly Ann Allen President and Chief Executive Officer	Kenyata Jamilea Rogers Chief Financial Officer	John Joseph Ruhlmann Corporate Controller & Treasurer
Subscribed and sworn to before me this		
day of February, 2010		
Rochelle D. Jenkins Notary Public December 25, 2012		
a. Is this an original filing? Yes [X] No []		
b. If no:		
1. State the amendment number		
2. Date filed		
3. Number of pages attached		

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE OmniCare Health Plan, Inc.

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	17,809,442		17,809,442	18,649,292
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ (2,540,960) , Schedule E-Part 1), cash equivalents (\$2,196,281 , Schedule E-Part 2) and short-term investments (\$20,836,325 , Schedule DA).....	20,491,646		20,491,646	15,713,094
6. Contract loans (including \$premium notes)			0	0
7. Other invested assets (Schedule BA)	0	0	0	0
8. Receivables for securities			0	0
9. Aggregate write-ins for invested assets	0	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9)	38,301,088	0	38,301,088	34,362,386
11. Title plants less \$charged off (for Title insurers only)			0	0
12. Investment income due and accrued	215,062		215,062	246,173
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection			0	0
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$earned but unbilled premium).....			0	0
13.3 Accrued retrospective premiums.....			0	0
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers	532,130		532,130	470,480
14.2 Funds held by or deposited with reinsured companies			0	0
14.3 Other amounts receivable under reinsurance contracts			0	0
15. Amounts receivable relating to uninsured plans			0	0
16.1 Current federal and foreign income tax recoverable and interest thereon			0	0
16.2 Net deferred tax asset.....	755,686		755,686	288,893
17. Guaranty funds receivable or on deposit			0	0
18. Electronic data processing equipment and software.....	2,443	2,443	0	0
19. Furniture and equipment, including health care delivery assets (\$)	38,678	38,678	0	0
20. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
21. Receivables from parent, subsidiaries and affiliates			0	1,399,421
22. Health care (\$2,807,121) and other amounts receivable	2,880,968		2,880,968	1,826,666
23. Aggregate write-ins for other than invested assets	1,387,639	173,883	1,213,756	0
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23).....	44,113,694	215,004	43,898,690	38,594,019
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
26. Total (Lines 24 and 25)	44,113,694	215,004	43,898,690	38,594,019
DETAILS OF WRITE-INS				
0901.			0	
0902.			0	
0903.			0	
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0
2301. Tax Refund Receivable.....	1,213,756	0	1,213,756	
2302. Prepaid Expenses.....	153,789	153,789	0	0
2303. Vehicles.....	20,094	20,094	0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	1,387,639	173,883	1,213,756	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	.....17,013,266	.....	.....17,013,266	.....16,797,871
2. Accrued medical incentive pool and bonus amounts .....	.....638,695	.....	.....638,695	.....256,719
3. Unpaid claims adjustment expenses .....	.....228,715	.....	.....228,715	.....163,356
4. Aggregate health policy reserves .....	.....	.....	.....0	.....0
5. Aggregate life policy reserves .....	.....	.....	.....0	.....0
6. Property/casualty unearned premium reserves .....	.....	.....	.....0	.....0
7. Aggregate health claim reserves .....	.....	.....	.....0	.....0
8. Premiums received in advance .....	.....	.....	.....0	.....0
9. General expenses due or accrued .....	.....894,768	.....	.....894,768	.....392,293
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses)).....	.....1,954,509	.....	.....1,954,509	.....145,108
10.2 Net deferred tax liability .....	.....	.....	.....0	.....0
11. Ceded reinsurance premiums payable .....	.....	.....	.....0	.....0
12. Amounts withheld or retained for the account of others .....	.....15,786	.....	.....15,786	.....16,940
13. Remittances and items not allocated .....	.....	.....	.....0	.....0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current) .....	.....	.....	.....0	.....0
15. Amounts due to parent, subsidiaries and affiliates .....	.....161,891	.....	.....161,891	.....0
16. Payable for securities .....	.....	.....	.....0	.....0
17. Funds held under reinsurance treaties (with \$ authorized reinsurers and \$ unauthorized reinsurers) .....	.....	.....	.....0	.....0
18. Reinsurance in unauthorized companies .....	.....	.....	.....0	.....0
19. Net adjustments in assets and liabilities due to foreign exchange rates .....	.....	.....	.....0	.....0
20. Liability for amounts held under uninsured plans .....	.....	.....	.....0	.....0
21. Aggregate write-ins for other liabilities (including \$ current) .....	.....0	.....0	.....0	.....0
22. Total liabilities (Lines 1 to 21).....	.....20,907,630	.....0	.....20,907,630	.....17,772,287
23. Aggregate write-ins for special surplus funds .....	.....XXX	.....XXX	.....0	.....0
24. Common capital stock .....	.....XXX	.....XXX	.....10	.....10
25. Preferred capital stock .....	.....XXX	.....XXX	.....	.....0
26. Gross paid in and contributed surplus .....	.....XXX	.....XXX	.....16,600,990	.....16,600,990
27. Surplus notes .....	.....XXX	.....XXX	.....	.....0
28. Aggregate write-ins for other than special surplus funds .....	.....XXX	.....XXX	.....0	.....0
29. Unassigned funds (surplus) .....	.....XXX	.....XXX	.....6,390,060	.....4,220,732
30. Less treasury stock, at cost:				
30.1 .....shares common (value included in Line 24 \$ ..... ) .....	.....XXX	.....XXX	.....	.....0
30.2 .....shares preferred (value included in Line 25 \$ ..... ) .....	.....XXX	.....XXX	.....	.....0
31. Total capital and surplus (Lines 23 to 29 minus Line 30) .....	.....XXX	.....XXX	.....22,991,060	.....20,821,732
32. Total liabilities, capital and surplus (Lines 22 and 31)	.....XXX	.....XXX	.....43,898,690	.....38,594,019
DETAILS OF WRITE-INS				
2101. ....			.....0	
2102. ....			.....0	
2103. ....			.....0	
2198. Summary of remaining write-ins for Line 21 from overflow page .....	.....0	.....0	.....0	.....0
2199. Totals (Lines 2101 through 2103 plus 2198) (Line 21 above)	.....0	.....0	.....0	.....0
2301. ....	.....XXX	.....XXX		
2302. ....	.....XXX	.....XXX		
2303. ....	.....XXX	.....XXX		
2398. Summary of remaining write-ins for Line 23 from overflow page .....	.....XXX	.....XXX	.....0	.....0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	.....XXX	.....XXX	.....0	.....0
2801. ....	.....XXX	.....XXX		
2802. ....	.....XXX	.....XXX		
2803. ....	.....XXX	.....XXX		
2898. Summary of remaining write-ins for Line 28 from overflow page .....	.....XXX	.....XXX	.....0	.....0
2899. Totals (Lines 2801 through 2803 plus 2898) (Line 28 above)	.....XXX	.....XXX	.....0	.....0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	648,845	659,957
2. Net premium income (including \$0 non-health premium income).....	XXX	188,809,938	177,558,026
3. Change in unearned premium reserves and reserve for rate credits	XXX		0
4. Fee-for-service (net of \$ medical expenses)	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	(2,447,406)	(9,544,627)
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	186,362,532	168,013,399
Hospital and Medical:			
9. Hospital/medical benefits		121,247,769	113,969,560
10. Other professional services		6,495,727	6,472,359
11. Outside referrals			0
12. Emergency room and out-of-area		11,481,110	10,867,644
13. Prescription drugs		21,219,448	20,327,958
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		1,072,273	582,051
16. Subtotal (Lines 9 to 15)	0	161,516,327	152,219,572
Less:			
17. Net reinsurance recoveries		61,649	147,399
18. Total hospital and medical (Lines 16 minus 17)	0	161,454,678	152,072,173
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ cost containment expenses		2,356,701	2,110,068
21. General administrative expenses		19,747,591	12,693,853
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		0	0
23. Total underwriting deductions (Lines 18 through 22)	0	183,558,970	166,876,094
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	2,803,562	1,137,305
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		833,078	1,342,072
26. Net realized capital gains (losses) less capital gains tax of \$		47,450	(127,067)
27. Net investment gains (losses) (Lines 25 plus 26)	0	880,528	1,215,005
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			0
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	3,684,090	2,352,310
31. Federal and foreign income taxes incurred	XXX	2,067,883	255,569
32. Net income (loss) (Lines 30 minus 31)	XXX	1,616,207	2,096,741
DETAILS OF WRITE-INS			
0601. Quality Assurance Assessment.....	XXX	(2,576,783)	(9,652,930)
0602. Other Revenue.....	XXX	129,377	108,303
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	(2,447,406)	(9,544,627)
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	20,821,732	26,608,937
34. Net income or (loss) from Line 32	1,616,207	2,096,741
35. Change in valuation basis of aggregate policy and claim reserves		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		0
37. Change in net unrealized foreign exchange capital gain or (loss)		0
38. Change in net deferred income tax	439,531	1,365
39. Change in nonadmitted assets	113,590	114,689
40. Change in unauthorized reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles		0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)		0
44.3 Transferred to surplus		0
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital		0
46. Dividends to stockholders		(8,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital & surplus (Lines 34 to 47)	2,169,328	(5,787,205)
49. Capital and surplus end of reporting period (Line 33 plus 48)	22,991,060	20,821,732
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

CASH FLOW

Cash from Operations	1 Current Year	2 Prior Year
1. Premiums collected net of reinsurance	188,809,938	177,558,026
2. Net investment income	987,336	1,533,298
3. Miscellaneous income	(3,519,667)	(9,326,618)
4. Total (Lines 1 through 3)	186,277,607	169,764,706
5. Benefit and loss related payments	160,827,981	152,171,098
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		.0
7. Commissions, expenses paid and aggregate write-ins for deductions	21,536,458	15,162,837
8. Dividends paid to policyholders		.0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	258,483	233,927
10. Total (Lines 5 through 9)	182,622,922	167,567,862
11. Net cash from operations (Line 4 minus Line 10)	3,654,685	2,196,844
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	1,279,676	10,917,921
12.2 Stocks	.0	.0
12.3 Mortgage loans	.0	.0
12.4 Real estate	.0	.0
12.5 Other invested assets	.0	.0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	.0	.0
12.7 Miscellaneous proceeds	0	76,622
12.8 Total investment proceeds (Lines 12.1 to 12.7)	1,279,676	10,994,543
13. Cost of investments acquired (long-term only):		
13.1 Bonds	515,525	7,485,527
13.2 Stocks	.0	.0
13.3 Mortgage loans	.0	.0
13.4 Real estate	.0	.0
13.5 Other invested assets	.0	.0
13.6 Miscellaneous applications	0	1,161,449
13.7 Total investments acquired (Lines 13.1 to 13.6)	515,525	8,646,976
14. Net increase (decrease) in contract loans and premium notes	.0	.0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	764,151	2,347,567
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	.0	.0
16.2 Capital and paid in surplus, less treasury stock	.0	.0
16.3 Borrowed funds	.0	.0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		.0
16.5 Dividends to stockholders	.0	8,000,000
16.6 Other cash provided (applied)	359,715	(1,627,200)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	359,715	(9,627,200)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Line 15 plus Line 17)	4,778,551	(5,082,789)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	15,713,094	20,795,883
19.2 End of year (Line 18 plus Line 19.1)	20,491,645	15,713,094

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE OmniCare Health Plan, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	188,809,938	.0	.0	.0	.0	.0	.0	188,809,938	.0	.0
2. Change in unearned premium reserves and reserve for rate credit .....	.0									
3. Fee-for-service (net of \$ medical expenses) .....	.0									XXX
4. Risk revenue .....	.0									XXX
5. Aggregate write-ins for other health care related revenues	(2,447,406)	.0	.0	.0	.0	.0	.0	(2,447,406)	.0	XXX
6. Aggregate write-ins for other non-health care related revenues .....	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
7. Total revenues (Lines 1 to 6)	186,362,532	.0	.0	.0	.0	.0	.0	186,362,532	.0	.0
8. Hospital/medical benefits	121,247,769							121,247,769		XXX
9. Other professional services	6,495,727							6,495,727		XXX
10. Outside referrals .....	.0							.0		XXX
11. Emergency room and out-of-area	11,481,110							11,481,110		XXX
12. Prescription drugs	21,219,448							21,219,448		XXX
13. Aggregate write-ins for other hospital and medical .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	1,072,273							1,072,273		XXX
15. Subtotal (Lines 8 to 14)	161,516,327	.0	.0	.0	.0	.0	.0	161,516,327	.0	XXX
16. Net reinsurance recoveries	61,649							61,649		XXX
17. Total hospital and medical (Lines 15 minus 16)	161,454,678	.0	.0	.0	.0	.0	.0	161,454,678	.0	XXX
18. Non-health claims (net) .....	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
19. Claims adjustment expenses including \$cost containment expenses	2,356,701							2,356,701		
20. General administrative expenses	19,747,593							19,747,593		
21. Increase in reserves for accident and health contracts .....	.0									XXX
22. Increase in reserves for life contracts .....	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	183,558,972	.0	.0	.0	.0	.0	.0	183,558,972	.0	.0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	2,803,560	0	0	0	0	0	0	2,803,560	0	0
DETAILS OF WRITE-INS										
0501. Quality Assurance Assessment	(2,576,783)							(2,576,783)		XXX
0502. Other Revenue	129,377							129,377		XXX
0503. ....	.0									XXX
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	(2,447,406)	0	0	0	0	0	0	(2,447,406)	0	XXX
0601. ....	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602. ....	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603. ....	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. ....	.0									XXX
1302. ....	.0									XXX
1303. ....	.0									XXX
1398. Summary of remaining write-ins for Line 13 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical)				0
2. Medicare Supplement				0
3. Dental Only.....				0
4. Vision Only.....				0
5. Federal Employees Health Benefits Plan				0
6. Title XVIII - Medicare				0
7. Title XIX - Medicaid.....	189,912,920		1,102,982	188,809,938
8. Other health.....				0
9. Health subtotal (Lines 1 through 8)	189,912,920	0	1,102,982	188,809,938
10. Life				0
11. Property/casualty.....				0
12. Totals (Lines 9 to 11)	189,912,920	0	1,102,982	188,809,938

STATEMENT AS OF ANNUAL STATEMENT FOR THE YEAR 2009 OF THE OmniCare Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct	160,255,355							160,255,355		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	160,255,355	0	0	0	0	0	0	160,255,355	0	0
2. Paid medical incentive pools and bonuses	690,298							690,298		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	17,013,266	0	0	0	0	0	0	17,013,266	0	0
3.3 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	17,013,266	0	0	0	0	0	0	17,013,266	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	638,695							638,695		
6. Net healthcare receivables (a)	26,696							26,696		
7. Amounts recoverable from reinsurers December 31, current year	532,130							532,130		
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	16,797,871	0	0	0	0	0	0	16,797,871	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	16,797,871	0	0	0	0	0	0	16,797,871	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	256,719	0	0	0	0	0	0	256,719	0	0
11. Amounts recoverable from reinsurers December 31, prior year	470,480	0	0	0	0	0	0	470,480	0	0
12. Incurred benefits:										
12.1 Direct	160,444,054	0	0	0	0	0	0	160,444,054	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	61,650	0	0	0	0	0	0	61,650	0	0
12.4 Net	160,382,404	0	0	0	0	0	0	160,382,404	0	0
13. Incurred medical incentive pools and bonuses	1,072,274	0	0	0	0	0	0	1,072,274	0	0

(a) Excludes \$ loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	5,271,813							5,271,813		
1.2. Reinsurance assumed	0									
1.3. Reinsurance ceded	0									
1.4. Net	5,271,813	0	0	0	0	0	0	5,271,813	0	0
2. Incurred but Unreported:										
2.1. Direct	11,741,453							11,741,453		
2.2. Reinsurance assumed	0									
2.3. Reinsurance ceded	0									
2.4. Net	11,741,453	0	0	0	0	0	0	11,741,453	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct	0									
3.2. Reinsurance assumed	0									
3.3. Reinsurance ceded	0									
3.4. Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1. Direct	17,013,266	0	0	0	0	0	0	17,013,266	0	0
4.2. Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4. Net	17,013,266	0	0	0	0	0	0	17,013,266	0	0

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability Dec. 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)					0	0
2. Medicare Supplement					0	0
3. Dental Only.....					0	0
4. Vision Only.....					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare					0	0
7. Title XIX - Medicaid.....	13,485,426	146,769,929	134,422	16,878,844	13,619,848	16,797,871
8. Other health					0	0
9. Health subtotal (Lines 1 to 8).....	13,485,426	146,769,929	134,422	16,878,844	13,619,848	16,797,871
10. Healthcare receivables (a).....		88,352			0	
11. Other non-health.....					0	0
12. Medical incentive pools and bonus amounts	311,568	378,730		638,695	311,568	256,719
13. Totals (Lines 9-10+11+12)	13,796,994	147,060,307	134,422	17,517,539	13,931,416	17,054,590

(a) Excludes \$ loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2005	2 2006	3 2007	4 2008	5 2009
1. Prior	29,657	30,041	30,014	30,006	29,997
2. 2005	105,600	116,644	116,645	116,628	116,593
3. 2006	XXX	102,614	112,902	112,887	112,818
4. 2007	XXX	XXX	131,309	144,719	144,534
5. 2008	XXX	XXX	XXX	139,127	153,228
6. 2009	XXX	XXX	XXX	XXX	147,122

Section B – Incurred Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2005	2 2006	3 2007	4 2008	5 2009
1. Prior	31,118	30,090	30,014	30,006	29,997
2. 2005	126,614	116,936	116,645	116,628	116,593
3. 2006	XXX	118,329	113,023	112,887	112,818
4. 2007	XXX	XXX	148,524	145,449	144,568
5. 2008	XXX	XXX	XXX	155,452	153,328
6. 2009	XXX	XXX	XXX	XXX	164,639

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Title XIX Medicaid

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Col. (3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col 2+3)	6 Col. (5/1) Percent	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 Col. (9/1) Percent
1. 2005	155,685	116,593	2,921	2.5	119,514	76.8			119,514	76.8
2. 2006	146,962	112,818	2,741	2.4	115,559	78.6			115,559	78.6
3. 2007	176,086	144,534	2,588	1.8	147,122	83.6	34		147,156	83.6
4. 2008	177,558	153,228	2,300	1.5	155,528	87.6	101		155,629	87.6
5. 2009	188,810	147,122	2,183	1.5	149,305	79.1	17,518	229	167,052	88.5

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2005	2 2006	3 2007	4 2008	5 2009
1. Prior	29,657	30,041	30,014	30,006	29,997
2. 2005	105,600	116,644	116,645	116,628	116,593
3. 2006	XXX	102,614	112,902	112,887	112,818
4. 2007	XXX	XXX	131,309	144,719	144,534
5. 2008	XXX	XXX	XXX	139,127	153,228
6. 2009	XXX	XXX	XXX	XXX	147,122

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2005	2 2006	3 2007	4 2008	5 2009
1. Prior	31,118	30,090	30,014	30,006	29,997
2. 2005	126,614	116,936	116,645	116,628	116,593
3. 2006	XXX	118,329	113,023	112,887	112,818
4. 2007	XXX	XXX	148,524	145,449	144,568
5. 2008	XXX	XXX	XXX	155,452	153,328
6. 2009	XXX	XXX	XXX	XXX	164,639

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 Col. (3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col 2+3)	6 Col. (5/1) Percent	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 Col. (9/1) Percent
1. 2005	155,685	116,593	2,921	2.5	119,514	76.8	.0	.0	119,514	76.8
2. 2006	146,962	112,818	2,741	2.4	115,559	78.6	.0	.0	115,559	78.6
3. 2007	176,086	144,534	2,588	1.8	147,122	83.6	34	.0	147,156	83.6
4. 2008	177,558	153,228	2,300	1.5	155,528	87.6	101	.0	155,629	87.6
5. 2009	188,810	147,122	2,183	1.5	149,305	79.1	17,518	229	167,052	88.5

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	0								
2. Additional policy reserves (a).....	0								
3. Reserve for future contingent benefits.....	0								
4. Reserve for rate credits or experience rating refunds (including \$) for investment income.....	0								
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0
6. Totals (gross)	0	0	0	0	0	0	0	0	0
7. Reinsurance ceded	0								
8. Totals (Net) (Page 3, Line 4)	0	0	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims	0								
10. Reserve for future contingent benefits	0								
11. Aggregate write-ins for other claim reserves	0	0	NONE	0	0	0	0	0	0
12. Totals (Gross)	0	0		0	0	0	0	0	0
13. Reinsurance ceded	0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administration Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$for occupancy of own building).....		46,239	389,201		435,440
2. Salaries, wages and other benefits.....		843,531	6,743,921		7,587,452
3. Commissions (less \$ceded plus \$assumed.....)			7,738		7,738
4. Legal fees and expenses.....		42,133	92,310		134,443
5. Certifications and accreditation fees.....		3,889	8,436		12,325
6. Auditing, actuarial and other consulting services.....		247,614	574,118		821,732
7. Traveling expenses.....		43,430	168,360		211,790
8. Marketing and advertising.....		2,809	186,327		189,136
9. Postage, express and telephone.....		104,793	305,456		410,249
10. Printing and office supplies.....		24,416	348,779		373,195
11. Occupancy, depreciation and amortization.....		196,622	467,583		664,205
12. Equipment.....		5,834	35,408		41,242
13. Cost or depreciation of EDP equipment and software.....			837		837
14. Outsourced services including EDP, claims, and other services.....		4,321	545,754		550,075
15. Boards, bureaus and association fees.....			4,318		4,318
16. Insurance, except on real estate.....		14,477	31,401		45,878
17. Collection and bank service charges.....					0
18. Group service and administration fees.....					0
19. Reimbursements by uninsured plans.....					0
20. Reimbursements from fiscal intermediaries.....					0
21. Real estate expenses.....					0
22. Real estate taxes.....		1,945	4,218		6,163
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes.....			(193,397)		(193,397)
23.2 State premium taxes.....			8,446,200		8,446,200
23.3 Regulatory authority licenses and fees.....					0
23.4 Payroll taxes.....		52,721	435,604		488,325
23.5 Other (excluding federal income and real estate taxes).....		345,709	754,130		1,099,839
24. Investment expenses not included elsewhere.....		11,452	24,840	35,207	71,499
25. Aggregate write-ins for expenses.....	0	364,766	366,049	0	730,815
26. Total expenses incurred (Lines 1 to 25).....	0	2,356,701	19,747,591	35,207	(a) 22,139,499
27. Less expenses unpaid December 31, current year.....	0	228,715	894,768		1,123,483
28. Add expenses unpaid December 31, prior year.....	0	163,356	392,293	0	555,649
29. Amounts receivable relating to uninsured plans, prior year.....	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year.....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	0	2,291,342	19,245,116	35,207	21,571,665
DETAIL OF WRITE-INS					
2501. Other Administration Expenses.....		364,766	366,049		730,815
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0	0
2599. Totals (Line 2501 through 2503 + 2598) (Line 25 above)	0	364,766	366,049	0	730,815

(a) Includes management fees of \$7,007,623 to affiliates and \$0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 57,716	55,252
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 706,845	703,295
1.3 Bonds of affiliates	(a) 0	
2.1 Preferred stocks (unaffiliated)	(b) 0	
2.11 Preferred stocks of affiliates	(b) 0	
2.2 Common stocks (unaffiliated)	0	
2.21 Common stocks of affiliates	0	
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 134,836	109,738
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	899,397	868,285
11. Investment expenses		(g) 35,207
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		35,207
17. Net investment income (Line 10 minus Line 16)		833,078
DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903) plus 0998 (Line 9 above)	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 through 1503) plus 1598 (Line 15 above)		0

(a) Includes \$ 5,933 accrual of discount less \$ 129,080 amortization of premium and less \$ 8,531 paid for accrued interest on purchases.
(b) Includes \$ accrual of discount less \$ amortization of premium and less \$ 0 paid for accrued dividends on purchases.
(c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ paid for accrued interest on purchases.
(d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
(e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
(f) Includes \$ accrual of discount less \$ amortization of premium.
(g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
(h) Includes \$ interest on surplus notes and \$ interest on capital notes.
(i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds			0		
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)	47,450		47,450		
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0		0
5. Contract loans			0		
6. Cash, cash equivalents and short-term investments	0	0	0	0	0
7. Derivative instruments			0		
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	47,450	0	47,450	0	0
DETAILS OF WRITE-INS					
0901.			0		
0902.			0		
0903.			0		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903) plus 0998 (Line 9, above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash, (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans	0	0	0
7. Other invested assets (Schedule BA)	0	0	0
8. Receivables for securities	0	0	0
9. Aggregate write-ins for invested assets	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9)	0	0	0
11. Title plants (for Title insurers only).....	0	0	0
12. Investment income due and accrued	0	0	0
13. Premiums and considerations:			
13.1 Uncollected premiums and agents' balances in the course of collection	0	0	0
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
13.3 Accrued retrospective premiums.....	0	0	0
14. Reinsurance:			
14.1 Amounts recoverable from reinsurers	0	0	0
14.2 Funds held by or deposited with reinsured companies	0	0	0
14.3 Other amounts receivable under reinsurance contracts	0	0	0
15. Amounts receivable relating to uninsured plans	0	0	0
16.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
16.2 Net deferred tax asset.....	0	27,261	27,261
17. Guaranty funds receivable or on deposit	0	0	0
18. Electronic data processing equipment and software	2,443	3,280	837
19. Furniture and equipment, including health care delivery assets	38,678	55,926	17,248
20. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
21. Receivables from parent, subsidiaries and affiliates	0	0	0
22. Health care and other amounts receivable.....	0	73,016	73,016
23. Aggregate write-ins for other than invested assets	173,883	169,111	(4,772)
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23).....	215,004	328,594	113,590
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
26. Total (Lines 24 and 25)	215,004	328,594	113,590
DETAILS OF WRITE-INS			
0901.			
0902.			
0903.			
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0
2301. Leasehold Improvements.....	0	12,522	12,522
2302. Prepaid Expenses.....	153,789	131,940	(21,849)
2303. Auto.....	20,094	24,649	4,555
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	173,883	169,111	(4,772)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	54,707	54,522	53,590	54,677	53,912	648,845
2. Provider Service Organizations.....	0					
3. Preferred Provider Organizations.....	0					
4. Point of Service.....	0					
5. Indemnity Only.....	0					
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	54,707	54,522	53,590	54,677	53,912	648,845
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Basis of Presentation

The accompanying financial statements of the Plan have been prepared in conformity with the NAIC Accounting Practices and Procedures manual except to the extent that Michigan law differs.

At December 31, 2009 and 2008, healthcare receivables consist of provider advances and capitation premium, maternity case rates, and reimbursement of certain drug costs due from the Michigan Department of Community Health. At December 31, 2009 and 2008, provider advances of \$0 and \$123 were non-admitted in accordance with the accounting practices and procedures prescribed by the Michigan Office of Financial and Insurance Regulation. Such provider advances would have been admitted pursuant to NAIC statutory accounting practices and procedures. The effect of having non-admitted the provider advances was a \$0 and \$123 reduction of the Plan’s statutory surplus at December 31, 2009 and 2008, respectively.

	2009	2008
Net income Michigan State Basis	\$1,616,207	\$2,096,741
State Prescribed Practice		
Disallowance of Provider Advances	0	0
Net Income, NAIC SAP Basis	1,616,207	\$2,096,741
Statutory Surplus Michigan Basis	22,991,060	20,821,732
State Prescribed Practices		
Disallowance of Provider Advances	0	123
Statutory Surplus, NAIC SAP	22,991,060	20,821,855

B. Use of Estimates

The presentation of the Financial Statements in conformity with the NAIC Annual Statement Instructions and Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policies

(1) Short-term Investments

Short-term investments are carried at amortized cost.

(2) Bonds

Bonds, including amounts reserved pursuant to State of Michigan requirements, generally are stated at amortized cost, except for bonds that are rated by the NAIC as a class 3-6 which are reported as the lower of amortized cost or fair market value. Bonds are amortized using the scientific to worst constant yield methodology.

(3) Common Stocks

Common stocks are stated at fair market value, except for investments in stocks of unconsolidated subsidiaries and affiliates in which the company has an interest of 10% or more.

(4) Preferred Stocks

Non-redeemable preferred stocks are carried at fair value, except for those in NAIC class 3-6 which are stated at the lower of cost or fair market value. Redeemable preferred stocks are stated at amortized cost, except those in the NAIC class 3- 6 which are stated at the lower of book or fair market value.

(5) Mortgage Loans – Not Applicable

(6) Loan-backed Securities

Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair market value. The company applies the retrospective method of valuing loan-backed and asset backed securities.

(7) Investments in Subsidiaries, Controlled and Affiliated Companies – Not Applicable

(8) Investments in Joint Ventures, Partnerships & Limited Liability Companies – Not Applicable.

(9) Derivatives – Not Applicable

(10)Premium Deficiency Reserve – Not Applicable

(11) Claims Unpaid and Unpaid Claims Adjustment Expenses

NOTES TO FINANCIAL STATEMENTS

Claims unpaid includes the cost of services for which providers have submitted claims, as well as management's estimate of the cost of claims that have been incurred but not reported (IBNR). Unpaid claims adjustment expenses are an estimate of the cost to process the IBNR claims. The cost of claims that have been incurred but not reported has been estimated by management based on relevant historical data and trends. Management believes that methodologies employed to estimate the unpaid claims liability are reasonable and the unpaid claims liability recorded is appropriate. Management's estimate may change in the future. Any favorable or unfavorable changes are reflected in operations when determined.

(12) Capitalization Policy

The Company has not modified its capitalization policy from the prior period.

(13) Pharmaceutical Rebate Receivable – Not Applicable

2. Accounting Changes and Corrections of Errors

Not Applicable.

3. Business Combinations and Goodwill

Not Applicable.

4. Discontinued Operations

Not Applicable.

5. Investments

A. Mortgage Loans – Not Applicable

B. Debt Restructuring – Not Applicable

C. Reverse Mortgages – Not Applicable

D. Loan backed securities

(1) Carrying value for structured securities have been determined in accordance with the guidelines of the NAIC. Fair value is determined using a pricing hierarchy starting with a widely accepted pricing vendor, followed by external broker/dealers, Bloomberg analytic modeling and a benchmark to index model.

(2) The Company uses a proprietary model for loss assumptions and widely accepted models for prepayment assumptions in valuing mortgage-back and asset-backed securities with inputs from major third party data providers. It combines the effects of interest rates, volatility, and pre-payment speeds based on various scenario (Monte Carlo) simulations with credit loss analysis and resulting effective analytics (spreads, duration, convexity) and cash-flows on a monthly basis. Model assumptions are specific to asset class and collateral types and are regularly evaluated and adjusted where appropriate.

(3) Credit risk concentrations are evaluated in our base security analysis through exposure stratification of the collateral attributes. The Company will then apply an appropriate credit default curve reflecting our forecasted expectations of future defaults and losses.

(4) There are a number of factors that are considered in determining if there is not an other-than- temporary-impairment on an investment, including but not limited to, debt burden, credit ratings, sector, liquidity, financial flexibility, company management, expected earnings and cash flow stream, and economic prospects associated with the investment.

(5) All investments in an unrealized loss position are evaluated for an other-than-temporary-impairment based on the severity level and length of time. As the magnitude of the loss increases so does the degree of analysis in determining if an other-than-temporary-loss exists.

E. Repurchase Agreements – Not Applicable

6. Joint Ventures, Partnerships and Limited Liability Companies

Not Applicable.

7. Investment Income

- A. All investment income due and accrued that is determined to be in default is written-off and future accruals cease to be reported/admitted.
- B. The Plan has not excluded any investment income due and accrued from surplus as amounts determined to be in default are written off.

NOTES TO FINANCIAL STATEMENTS

8. Derivative Instruments

Not Applicable.

9. Income Taxes

a. The components of the net deferred tax asset are as follows:

	12/31/2009	12/31/2008
Total of gross deferred tax assets	799,525	357,403
Total of deferred tax liabilities	43,840	41,249
Net deferred tax asset	755,686	316,154
Deferred Tax Asset nonadmitted	0	27,261
Net admitted deferred tax asset	755,686	288,892
Increase (decrease) in DTAs nonadmitted	(27,261)	23,016

The Company has not elected to admit deferred tax assets pursuant to paragraph 10(e) of Statement of Statutory Accounting Principles No. 10R. Such election was not available in 2008.

b. Deferred tax liabilities are not recognized for the following amounts:

None

c. The provisions for incurred taxes on earnings for the years ended December 31 are:

	12/31/2009	12/31/2008
Federal	2,051,275	255,569
Foreign	0	-
	2,051,275	255,569
Federal Income Tax on net capital gains	16,608	-
Utilization of capital loss carry-forwards	0	-
Federal and foreign income taxes incurred	2,067,883	255,569

The tax effect of temporary difference that give rise to significant portions of deferred tax assets and deferred tax liabilities are:

Deferred Tax Assets:	12/31/2009	12/31/2008	Change
Amortization of insurance in force	0	0	0
PY Discounted unpaid claims	0	0	0
CY Discounted unpaid claims	123,300	118,730	4,570
Bad debt expense reserve	501,910	35,231	466,680
Vacation pay accrual	62,367	53,502	8,865
Accrued bonuses	20,790	0	20,790
Disallowed Capital Losses	15,907	26,818	(10,911)
Limitation On Capital Losses	0	17,656	(17,656)
Unrealized (gain) loss	0	0	0
Sec. 382 net operating loss	0	0	0
Nonadmitted assets	75,251	105,467	(30,215)
Total deferred tax assets	799,525	357,403	442,123
Nonadmitted deferred tax assets	0	(27,261)	27,261
Admitted deferred tax assets	799,525	330,141	469,384
Deferred Tax Liabilities:			
Total deferred tax liabilities	43,840	41,249	2,591
Net admitted deferred tax asset	755,686	288,892	466,793

The change in net deferred income taxes is comprised of the following (exclusive of nonadmitted assets):

	12/31/2009	12/31/2008	Change
Total deferred tax assets	799,525	357,403	442,123
Total deferred tax liabilities	43,840	41,249	2,591
Net deferred tax asset	755,686	316,154	439,532
Tax effect of unrealized gains(losses)			0
Change in net deferred income tax			439,532

NOTES TO FINANCIAL STATEMENTS

d. The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory Federal income tax rate to income before taxes. The significant items causing this difference are as follows:

	<u>12/31/2009</u>
Provision computed at statutory rate	1,289,432
Tax-exempt interest	(105,529)
Meals and entertainment	1,384
Investment fees relating to tax-exempt income	2,383
Stock options	(1,510)
State income taxes	375,325
Incentive compensation	(24,448)
CY Discounted unpaid claims	4,570
Depreciation	8,645
Bad debt expense reserve	466,680
Vacation pay accrual	8,865
Accrued bonuses	20,790
Rent Abatement Adjustment	7,026
Misc FH Insurance	(2,112)
Retention bonus	(10,308)
Disallowed Capital Losses	(10,911)
Limitation On Capital Losses	(23,353)
Holiday Wages	(145)
True-Up	<u>61,098</u>
Total Statutory income taxes	<u>2,067,883</u>
Federal income taxes incurred	1,567,253
True-Up	<u>61,098</u>
Change in net deferred income taxes	<u>439,532</u>
Total Statutory income taxes	<u>2,067,883</u>

e. Amount of net loss carryforwards available to offset future taxable income (from the current year:

None - The tax benefit of any current and prior operating losses has been realized as a result of the intercompany tax allocation agreement with the parent.

2. Amount of federal income taxes incurred in the current year and each preceding year that are available for recoupment in the event of future losses:

2009	2,067,883
2008	255,569

f. 1. The Company's taxable income or loss is included in the consolidated federal income tax return of its parent company, Coventry Health Care, Inc. The names of the entities with whom the Company's federal income tax return

NOTES TO FINANCIAL STATEMENTS

is currently consolidated are included on Schedule Y.

2. The method of tax allocation between the companies is subject to written agreement approved by management of the respective companies. The tax allocation agreement with the Parent is based upon taxes incurred on net income. Intercompany tax balances are settled monthly.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- A. The Plan is wholly owned by Coventry Health Care, Inc. (Parent Company). The Parent Company provides general management services, including senior management services, consulting and administrative services to the Plan. The Company also reimburses the Parent Company for certain expenses paid by the Parent Company on behalf of the Plan. Under the terms of the management services agreement between the Plan and the Parent Company, the Plan incurred management fees of \$2,043,890 and \$2,078,865 in 2009 and 2008, respectively. At December 31, 2009 \$161,891 was due to the Parent Company. At December 31, 2008, \$1,399,421 was due from the Parent Company for overpayment of taxes.
- B. Coventry Management Services, Inc., which is wholly owed by the Parent Company, provides general management services, including information systems, consulting and service center operations to the Plan. Under the terms of the management services agreement between the Plan and Coventry Management Services, Inc., the Plan incurred management fees of \$4,963,733 and \$5,048,671 in 2009 and 2008, respectively.
- C. The Plan has an Insolvency Continuation Agreement and Guarantee Agreement with Coventry Health and Life Insurance Company, a wholly owned subsidiary of Coventry Health Care, Inc. The premium for this insurance coverage is \$0.05 PMPM. For the year ended December 31, 2009 and 2008, insurance expenses under this agreement aggregated \$32,443 and \$32,998, respectively.
- D. In 2009 and 2008, respectively, the Plan paid dividends to its sole common stockholder and parent company, Coventry Healthcare, Inc of \$0 and 8.0 million, respectively.
- E. The Plan provides general management services and administrative services to Wellpath of South Carolina, Inc, (Wellpath) a wholly owned subsidiary of the Parent Company. Under the terms of the management services agreement between the Plan and Wellpath, the Plan earned management fees of \$91,688 and \$54,638 in 2009 and 2008, respectively.
- F. The Plan provides administrative services to Coventry Healthcare of Delaware (CHD), a wholly owned subsidiary of the Parent Company. Under the terms of the management services agreement between the Plan and CHD, the Plan earned management fees of \$100,973 and \$80,331 in 2009 and 2008, respectively.

11. Debt

Not Applicable.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefits Plans

The Plan participates in a qualified, defined contribution plan sponsored by Coventry Health Care, Inc. The Plan has no legal obligation for benefits under this plan. Coventry Health Care, Inc. allocates expense to the Plan based on the actual contributions for employees at the Plan. The Plan's share of the employer contributions for the defined contribution plan was \$148,707 and \$147,323 for the years ended December 31, 2009 and 2008, respectively.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

- A. The Plan authorized 1,000 shares of capital stock with a par value of \$0.01. All shares are issued and outstanding at December 31, 2009 and 2008.
- B. On April 28, 2008, the Plan paid ordinary dividends to its sole common stockholder and parent company, Coventry Healthcare, Inc of \$8.0 million.
- C. The commissioner of the State of Michigan Office of Financial and Insurance Regulation may limit or disallow the payment of ordinary or extraordinary dividends. Dividends shall be declared or paid only from earned surplus, unless the commissioner approves the dividend prior to payment. Additionally, extraordinary dividends, or any other extraordinary distribution, shall not be paid until 30 days after the commissioner has received notice of the declaration and has not disapproved or has approved the payment. An extraordinary dividend or distribution is defined as any dividend or distribution of cash or other property whose fair market value together with that of other dividends or distributions made within the preceding 12 months exceeds the greater of 10% of

NOTES TO FINANCIAL STATEMENTS

the insurer's surplus as of December 31 of the immediately preceding year, or net income, not including realized capital gains, for the 12-month period ending December 31 of the immediately preceding year.

- D. \$1,000,000 of investments held are restricted pursuant to State of Michigan requirements.
- E. At December 31, 2009, unassigned funds were reduced by cumulative unrealized losses of \$286,056. At December 31, 2008, unassigned funds represented cumulative unrealized gains of \$38,000.

14. Contingencies

Not Applicable.

15. Leases

The Plan leases its office space. The initial lease term was October 1, 2004 to September 30, 2009 with an option to extend the initial lease term for two additional five year periods. The initial lease agreement was amended effective September 1, 2009. The current lease term is September 1, 2009 to August 31, 2015 with a right to extend the initial lease term for two additional three year periods. The Plan, however, has a right to terminate the lease August 31, 2012. Rent expense under the lease agreements for the years ended December 31, 2009 and 2008 were \$276,740 and \$287,600, respectively. The aggregate minimum future payments under the terms of the current lease agreement is \$665,010. Minimum lease payments for each of the five succeeding years are as follows: 2010 - \$258,316; 2011 - \$261,908; 2012 - 168,498; 2013 - \$0; 2014 - \$0.

16. Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

Not Applicable.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Not Applicable.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

Not Applicable.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not Applicable.

20. Other Items

Not Applicable.

21. Events Subsequent

Subsequent events have been evaluated through February 24, 2010. At, and for the periods ending, December 31, 2009 and 2008, the Plan did not have any Type I or Type II subsequent events requiring recording in the financial statements or disclosure.

22. Reinsurance

- A. The Plan carries reinsurance through an agreement with Coventry Health & Life Insurance Company, an affiliated entity, which provides coverage in instances when medical costs (excluding pharmacy) exceeds \$250,000 during the period April 1, 2007 to March 31, 2008, \$275,000 during the period April 1, 2008 to March 31, 2009 and \$225,000 thereafter. The coverage is limited to 80% of net loss in excess of the Plan's deductible. The maximum annual reinsurance coverage for each member is \$1,000,000. The Plan pays a per member per month premium for this coverage. For the years ended December 31, 2009 and 2008, the Plan incurred reinsurance expense of \$1,102,982 and \$1,138,901, respectively, under this agreement.
- B. Reinsurance premiums are reported as deductions from Medicaid capitation revenue. Reinsurance recoveries are reported as deductions from medical service expense.
- C. The Plan is contingently liable for its reinsured losses to the extent that the reinsurance company cannot meet its obligations under the reinsurance contracts.
- D. At December 31, 2009 and 2008, the Plan has \$532,130 and \$470,480 of reinsurance recoverable under its reinsurance contract.

23. Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not applicable.

NOTES TO FINANCIAL STATEMENTS

24. Change in Incurred Claims and Claim Adjustment Expenses

Reserves for incurred claims and claim adjustment expenses attributable to insured events of prior years decreased \$3,123,176. Original estimates are increased or decreased as additional information becomes known regarding individual claims. No additional premiums or return premiums have been accrued as a result of the prior year effects.

25. Intercompany Pooling Arrangements

Not Applicable.

26. Structured Settlements

Not Applicable.

27. Health Care Receivables

The Plan did not have any receivables recorded for pharmaceutical rebates or risk sharing arrangements at December 31, 2009 and 2008.

28. Participating Policies

Nor Applicable.

29. Premium Deficiency Reserves

At December 31, 2009 and 2008, a premium deficiency reserve was determined not to be necessary.

30. Anticipated Salvage and Subrogation

At December 31, 2009 and 2008, no anticipated salvage and subrogation has been deducted from the liability for unpaid claims or losses.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes ☒ No ☐
- 1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes ☒ No ☐ N/A ☐
- 1.3

State Regulating?

Michigan
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:
- 3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2009
- 3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2009
- 3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).
- 3.4

By what department or departments? Office of Financial and Insurance Regulation
- 3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ N/A ☒
- 3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☐ No ☐ N/A ☒
- 4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business?

Yes ☐ No ☒

4.12 renewals?

Yes ☐ No ☒
- 4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business?

Yes ☐ No ☒

4.22 renewals?

Yes ☐ No ☒
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒
- 5.2

If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

- 6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 6.2

If yes, give full information
- 7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes ☐ No ☒
- 7.2

If yes,

7.21 State the percentage of foreign control

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [] No [X]
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [] No [X]
- 8.4

If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6	7
Affiliate Name	Location (City, State)	FRB	OCC	OTS	FDIC	SEC

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?.....

Ernst & Young, LLP, 621 E. Pratt Street, Baltimore, MD 21202.....
10.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?.....

Yeketerina Bogush, Director Actuary Services, Coventry Helath Care, Inc. 6705 Rockledge Drive, Suite 900, Bethesda, MD 20817.....
- 11.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?.....

Yes [] No [X]

11.11

Name of real estate holding company

11.12

Number of parcels involved.....

11.13

Total book/adjusted carrying value..... \$.....
- 11.2

If yes, provide explanation.....
12.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 12.1

What changes have been made during the year in the United States manager or the United States Trustees of the reporting entity?.....
- 12.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [] No []
- 12.3

Have there been any changes made to any of the trust indentures during the year?

Yes [] No []
- 12.4

If answer to (12.3) is yes, has the domiciliary or entry state approved the changes?

Yes [] No [] N/A []
- 13.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes [X] No []

a.

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b.

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c.

Compliance with applicable governmental laws, rules and regulations;

d.

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e.

Accountability for adherence to the code.
- 13.11

If the response to 13.1 is No, please explain:.....
- 13.2

Has the code of ethics for senior managers been amended?

Yes [] No [X]
- 13.21

If the response to 13.2 is Yes, provide information related to amendment(s).....
- 13.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]
- 13.31

If the response to 13.3 is Yes, provide the nature of any waiver(s).....

BOARD OF DIRECTORS

14.

Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?

Yes [X] No []
15.

Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?

Yes [X] No []
16.

Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes [X] No []

GENERAL INTERROGATORIES
FINANCIAL

17.

Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g. Generally Accepted Accounting Principles)?

Yes [] No [X]

18.1

Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

18.11 To directors or other officers

\$0

18.12 To stockholders not officers

\$0

18.13 Trustees, supreme or grand (Fraternal only)

\$0

18.2

Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):

18.21 To directors or other officers

\$0

18.22 To stockholders not officers

\$0

18.23 Trustees, supreme or grand (Fraternal only)

\$0

19.1

Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

Yes [] No [X]

19.2

If yes, state the amount thereof at December 31 of the current year:

19.21 Rented from others

\$

19.22 Borrowed from others

\$

19.23 Leased from others

\$

19.24 Other

\$

20.1

Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments?

Yes [] No [X]

20.2

If answer is yes:

20.21 Amount paid as losses or risk adjustment

\$

20.22 Amount paid as expenses

\$

20.23 Other amounts paid

\$

21.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [] No [X]

21.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$

INVESTMENT

22.1

Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 22.3)

Yes [X] No []

22.2

If no, give full and complete information, relating thereto.....

22.3

For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 16 where this information is also provided).....

22.4

Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?

Yes [] No [] N/A [X]

22.5

If answer to 22.4 is yes, report amount of collateral.

\$

22.6

If answer to 22.4 is no, report amount of collateral.

\$

23.1

Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 19.1 and 22.3)

Yes [X] No []

23.2

If yes, state the amount thereof at December 31 of the current year:

23.21 Subject to repurchase agreements

\$

23.22 Subject to reverse repurchase agreements

\$

23.23 Subject to dollar repurchase agreements

\$

23.24 Subject to reverse dollar repurchase agreements

\$

23.25 Pledged as collateral

\$

23.26 Placed under option agreements

\$

23.27 Letter stock or securities restricted as to sale

\$

23.28 On deposit with state or other regulatory body

\$1,051,730

23.29 Other

\$

23.3

For category (23.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....
.....
.....
.....
.....

24.1

Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes [] No [X]

24.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.

Yes [] No [] N/A []

25.1

Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes [] No [X]

25.2

If yes, state the amount thereof at December 31 of the current year.

\$

GENERAL INTERROGATORIES

26. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, F - Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes [X] No []

26.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
Citibank, N.A.....	3800 Citigroup Center, Building B 02/08, Tampa FL 33610-9122.....
.....
.....

26.02 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....
.....
.....
.....

26.03 Have there been any changes, including name changes, in the custodian(s) identified in 26.01 during the current year?

Yes [] No [X]

26.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....
.....
.....

26.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address
107423.....	Conning Inc.....	One Financial Plaza, Hartford, CT 06103.....
25995.....	Citigroup.....	3800 Citigroup Center, Building B. 02/08, Tampa, FL 33610-9122.....
.....

27.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [] No [X]

27.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.....
.....
.....
27.2999 TOTAL		0

27.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....
.....
.....

GENERAL INTERROGATORIES

28. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
28.1 Bonds.....	40,842,048	41,575,528	733,480
28.2 Preferred stocks.....	0		0
28.3 Totals	40,842,048	41,575,528	733,480

28.4 Describe the sources or methods utilized in determining the fair values:.....
A widely accepted third party vendor, follwed by a hierachy using broker/dealer quotes, Bloomberg, Yield Book analytic model and a benchmark to index model.....

29.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?..... Yes [X] No []

29.2 If yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?..... Yes [] No [X]

29.3 If no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:..
Prices are obtained from the dealers/market makers for these securities. These prices are non-binding but represent their best estimate of fair market value.....

30.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed?..... Yes [X] No []

30.2 If no, list exceptions:.....

OTHER

31.1 Amount of payments to trade associations, service organizations and statistical or Rating Bureaus, if any? \$

31.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

32.1 Amount of payments for legal expenses, if any? \$0

32.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....

33.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$0

33.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [] No [X]

1.2 If yes, indicate premium earned on U. S. business only

\$ 0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

\$

1.5 Indicate total incurred claims on all Medicare Supplement Insurance.

\$ 0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned

\$ 0

1.62 Total incurred claims

\$ 0

1.63 Number of covered lives

0

All years prior to most current three years:

1.64 Total premium earned

\$ 0

1.65 Total incurred claims

\$ 0

1.66 Number of covered lives

0

1.7 Group policies:

Most current three years:

1.71 Total premium earned

\$ 0

1.72 Total incurred claims

\$ 0

1.73 Number of covered lives

0

All years prior to most current three years:

1.74 Total premium earned

\$ 0

1.75 Total incurred claims

\$ 0

1.76 Number of covered lives

0

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$ 188,809,938	\$	177,558,026
2.2	Premium Denominator	\$ 188,809,938	\$	177,558,026
2.3	Premium Ratio (2.1/2.2)	1.000		1.000
2.4	Reserve Numerator	\$ 17,651,961	\$	17,054,590
2.5	Reserve Denominator	\$ 17,651,961	\$	17,054,590
2.6	Reserve Ratio (2.4/2.5)	1.000		1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, and if the earnings of the reporting entity permits?

Yes [] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [X] No []

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes [] No []

5.1 Does the reporting entity have stop-loss reinsurance?

Yes [X] No []

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical

\$ 330,000

5.32 Medical Only

\$

5.33 Medicare Supplement

\$

5.34 Dental and Vision

\$

5.35 Other Limited Benefit Plan

\$

5.36 Other

\$

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
Hold harmless provision in provider contracts; Insolvency coninuation agreement with Coventry Health & Life and contingency reserve of \$1.0 million.

7.1 Does the reporting entity set up its claim liability for provider services on a service data base?

Yes [X] No []

7.2 If no, give details:

8. Provide the following Information regarding participating providers:

8.1 Number of providers at start of reporting year

1,786

8.2 Number of providers at end of reporting year

2,375

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes [] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

9.22 Business with rate guarantees over 36 months

27

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contract?

Yes [X] No []

10.2 If yes:

10.21 Maximum amount payable bonuses

\$.....690,298

10.22 Amount actually paid for year bonuses

\$.....690,298

10.23 Maximum amount payable withholds

\$.....

10.24 Amount actually paid for year withholds

\$.....

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,

Yes [] No [X]

11.13 An Individual Practice Association (IPA), or,

Yes [X] No []

11.14 A Mixed Model (combination of above) ?

Yes [] No [X]

Yes [X] No []

11.2 Is the reporting entity subject to Minimum Net Worth Requirements?

Michigan.....

11.3 If yes, show the name of the state requiring such net worth.

\$.....11,656,808

11.4 If yes, show the amount required.

Yes [] No [X]

11.5 Is this amount included as part of a contingency reserve in stockholders equity?

Yes [] No [X]

11.6 If the amount is calculated, show the calculation.

Risk Based Capital CAL

12.1 List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Wayne County, Michigan.....
Oakland County, Michigan.....
.....
.....
.....
.....

13.1 Do you act as a custodian for health savings accounts?

Yes [] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$.....

13.3 Do you act as an administrator for health savings accounts?

Yes [] No [X]

13.4 If yes, please provide the balance of the funds administered as of the reporting date.

\$.....

FIVE - YEAR HISTORICAL DATA

	1 2009	2 2008	3 2007	4 2006	5 2005
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 26)	43,898,690	38,594,019	46,314,817	48,361,309	46,110,086
2. Total liabilities (Page 3, Line 22)	20,907,630	17,772,287	19,705,882	16,704,243	24,072,534
3. Statutory surplus	11,656,808	10,960,124	10,642,664	8,985,194	10,018,426
4. Total capital and surplus (Page 3, Line 31)	22,991,060	20,821,732	26,608,936	31,657,066	22,037,552
Income Statement (Page 4)					
5. Total revenues (Line 8)	186,362,532	168,013,399	166,174,744	137,961,012	146,324,958
6. Total medical and hospital expenses (Line 18)	161,454,678	152,072,173	142,624,595	107,566,076	121,488,612
7. Claims adjustment expenses (Line 20)	2,356,701	2,110,068	2,282,787	2,287,890	2,630,488
8. Total administrative expenses (Line 21)	19,747,591	12,693,853	11,080,111	10,747,676	11,785,211
9. Net underwriting gain (loss) (Line 24)	2,803,562	1,137,305	10,187,251	17,359,370	10,420,647
10. Net investment gain (loss) (Line 27)	880,528	1,215,005	2,103,491	2,307,671	1,185,242
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income (loss) (Line 32)	1,616,207	2,096,741	8,445,739	13,476,025	8,122,054
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	3,654,685	2,196,844	8,349,844	9,127,812	0
Risk-Based Capital Analysis					
14. Total adjusted capital	22,991,060	20,821,732	26,608,936	31,657,066	22,037,552
15. Authorized control level risk-based capital	5,828,377	5,480,062	5,321,332	4,492,597	5,009,213
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	53,912	54,707	55,778	57,945	60,965
17. Total member months (Column 6, Line 7)	648,845	659,957	689,834	706,020	748,056
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus 19)	85.5	85.6	81.0	73.2	78.0
20. Cost containment expenses	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses	1.2	1.2	1.3	1.6	1.7
22. Total underwriting deductions (Line 23)	97.2	94.0	88.6	82.1	87.3
23. Total underwriting gain (loss) (Line 24)	1.5	0.6	5.8	11.8	6.7
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	13,931,416	14,104,210	10,381,852	11,767,224	13,730,877
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	17,054,590	17,336,238	15,673,421	22,002,843	17,904,918
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24 Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate		0	0	0	0
31. All other affiliated		0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?.....Yes [] No []

If no, please explain:

.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

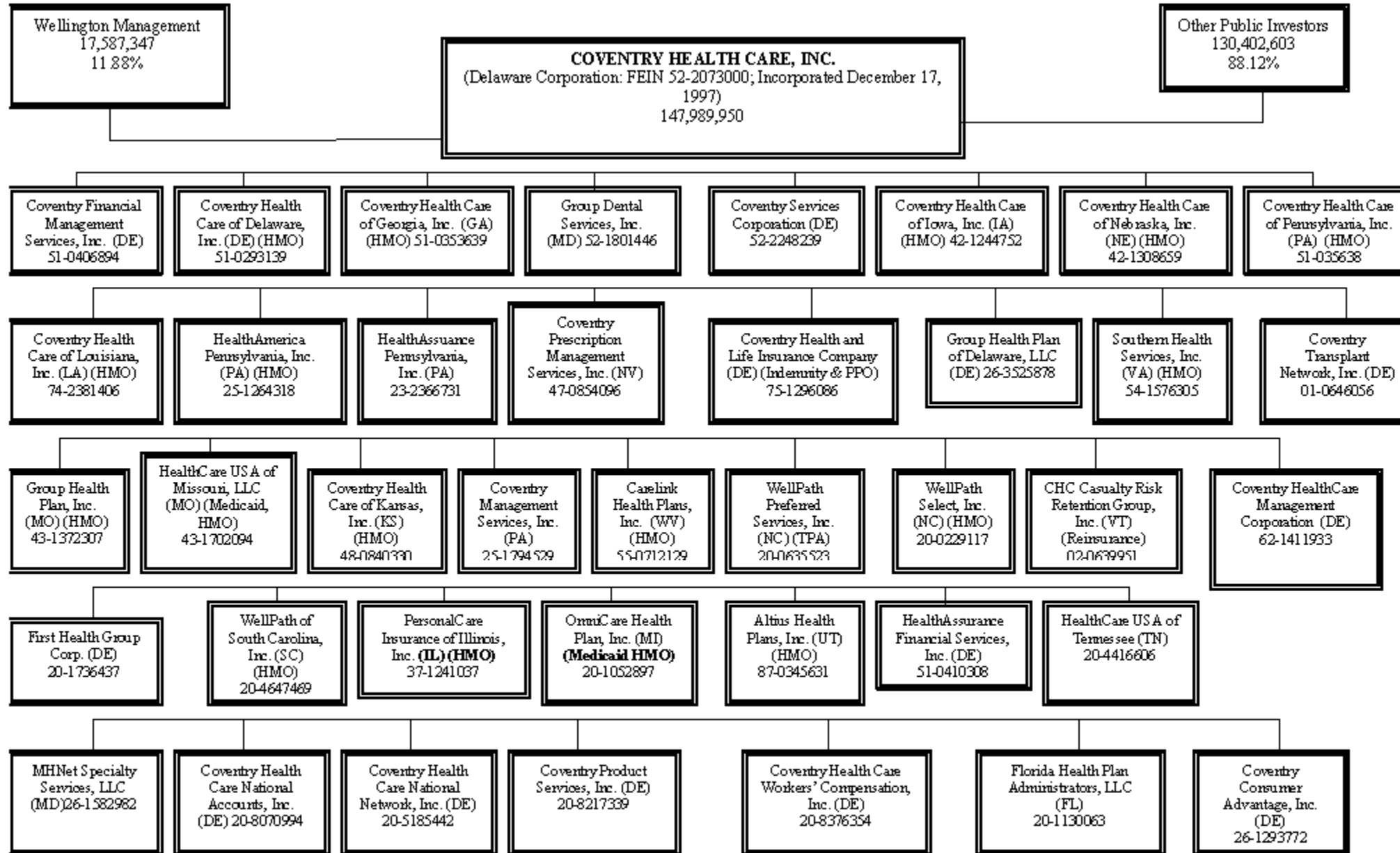
Allocated by States and Territories

State, Etc.	1	Direct Business Only							
		2	3	4	5	6	7	8	9
	Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefit Program Premiums	Life & Annuity Premiums & Other Consideration s	Property/ Casualty Premiums	Total Columnns 2 Through 7	Deposit-Type Contracts
1. Alabama	AL	N						.0	.0
2. Alaska	AK	N						.0	.0
3. Arizona	AZ	N						.0	.0
4. Arkansas	AR	N						.0	.0
5. California	CA	N						.0	.0
6. Colorado	CO	N						.0	.0
7. Connecticut	CT	N						.0	.0
8. Delaware	DE	N						.0	.0
9. District of Columbia	DC	N						.0	.0
10. Florida	FL	N						.0	.0
11. Georgia	GA	N						.0	.0
12. Hawaii	HI	N						.0	.0
13. Idaho	ID	N						.0	.0
14. Illinois	IL	N						.0	.0
15. Indiana	IN	N						.0	.0
16. Iowa	IA	N						.0	.0
17. Kansas	KS	N						.0	.0
18. Kentucky	KY	N						.0	.0
19. Louisiana	LA	N						.0	.0
20. Maine	ME	N						.0	.0
21. Maryland	MD	N						.0	.0
22. Massachusetts	MA	N						.0	.0
23. Michigan	MI	L		189,912,920				189,912,920	.0
24. Minnesota	MN	N						.0	.0
25. Mississippi	MS	N						.0	.0
26. Missouri	MO	N						.0	.0
27. Montana	MT	N						.0	.0
28. Nebraska	NE	N						.0	.0
29. Nevada	NV	N						.0	.0
30. New Hampshire	NH	N						.0	.0
31. New Jersey	NJ	N						.0	.0
32. New Mexico	NM	N						.0	.0
33. New York	NY	N						.0	.0
34. North Carolina	NC	N						.0	.0
35. North Dakota	ND	N						.0	.0
36. Ohio	OH	N						.0	.0
37. Oklahoma	OK	N						.0	.0
38. Oregon	OR	N						.0	.0
39. Pennsylvania	PA	N						.0	.0
40. Rhode Island	RI	N						.0	.0
41. South Carolina	SC	N						.0	.0
42. South Dakota	SD	N						.0	.0
43. Tennessee	TN	N						.0	.0
44. Texas	TX	N						.0	.0
45. Utah	UT	N						.0	.0
46. Vermont	VT	N						.0	.0
47. Virginia	VA	N						.0	.0
48. Washington	WA	N						.0	.0
49. West Virginia	WV	N						.0	.0
50. Wisconsin	WI	N						.0	.0
51. Wyoming	WY	N						.0	.0
52. American Samoa	AS	N						.0	.0
53. Guam	GU	N						.0	.0
54. Puerto Rico	PR	N						.0	.0
55. U.S. Virgin Islands	VI	N						.0	.0
56. Northern Mariana Islands	MP	N						.0	.0
57. Canada	CN	N						.0	.0
58. Aggregate Other Alien	OT	XXX	.0	.0	.0	.0	.0	.0	.0
59. Subtotal	XXX	.0	.0	189,912,920	.0	.0	.0	189,912,920	.0
60. Reporting entity contributions for Employee Benefit Plans	XXX							.0	
61. Total (Direct Business)	(a) 1	0	0	189,912,920	0	0	0	189,912,920	0
DETAILS OF WRITE-INS									
5801.	XXX							.0	
5802.	XXX							.0	
5803.	XXX							.0	
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX	.0	.0	.0	.0	.0	.0	.0	
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX	0	0	0	0	0	0	0	

Explanation of basis of allocation by states, premiums by state, etc.:
(a) Insert the number of L responses except for Canada and other Alien.

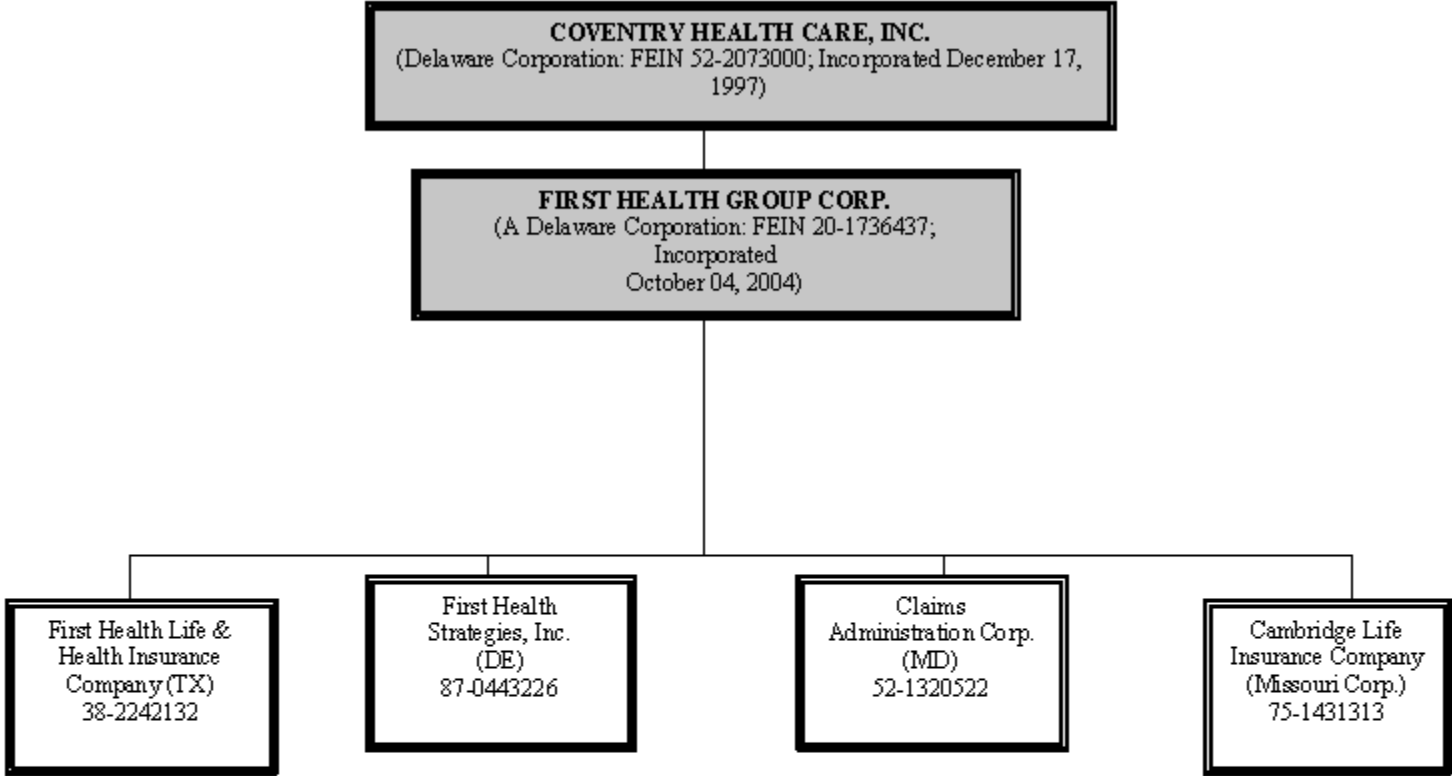
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



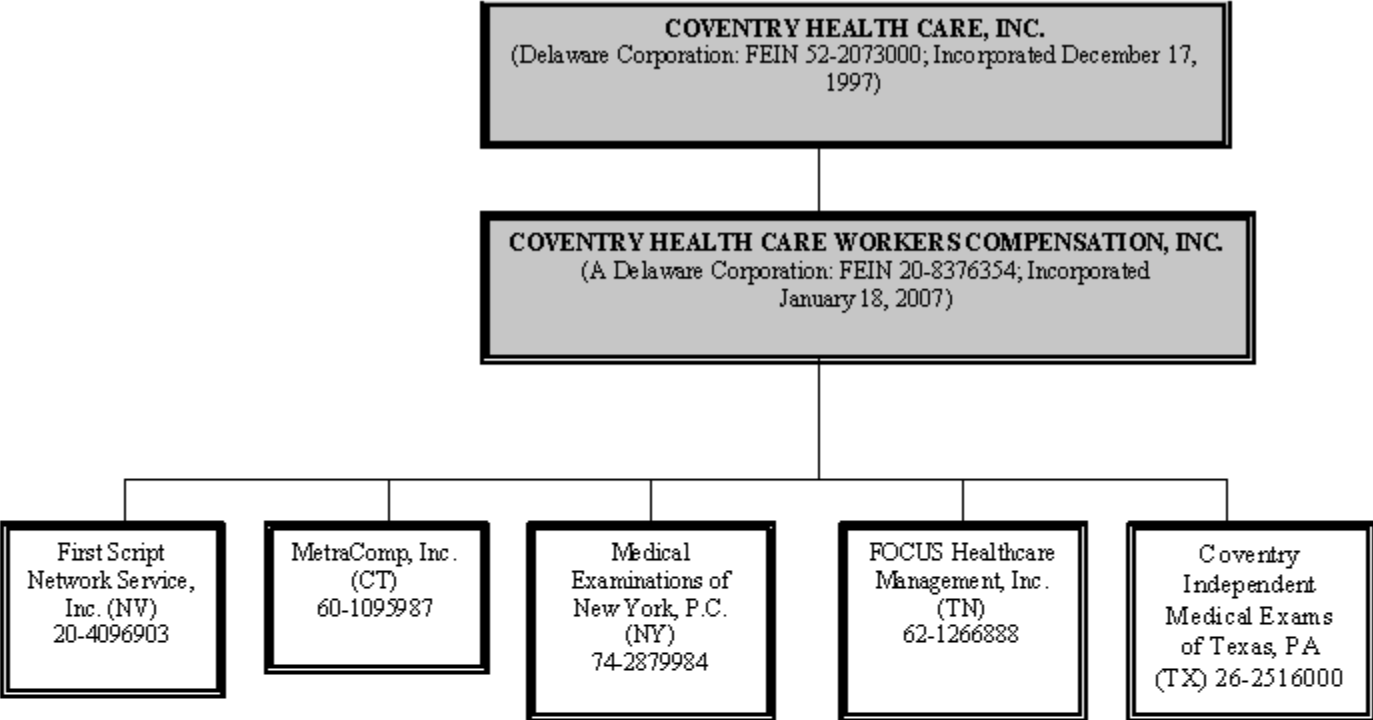
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



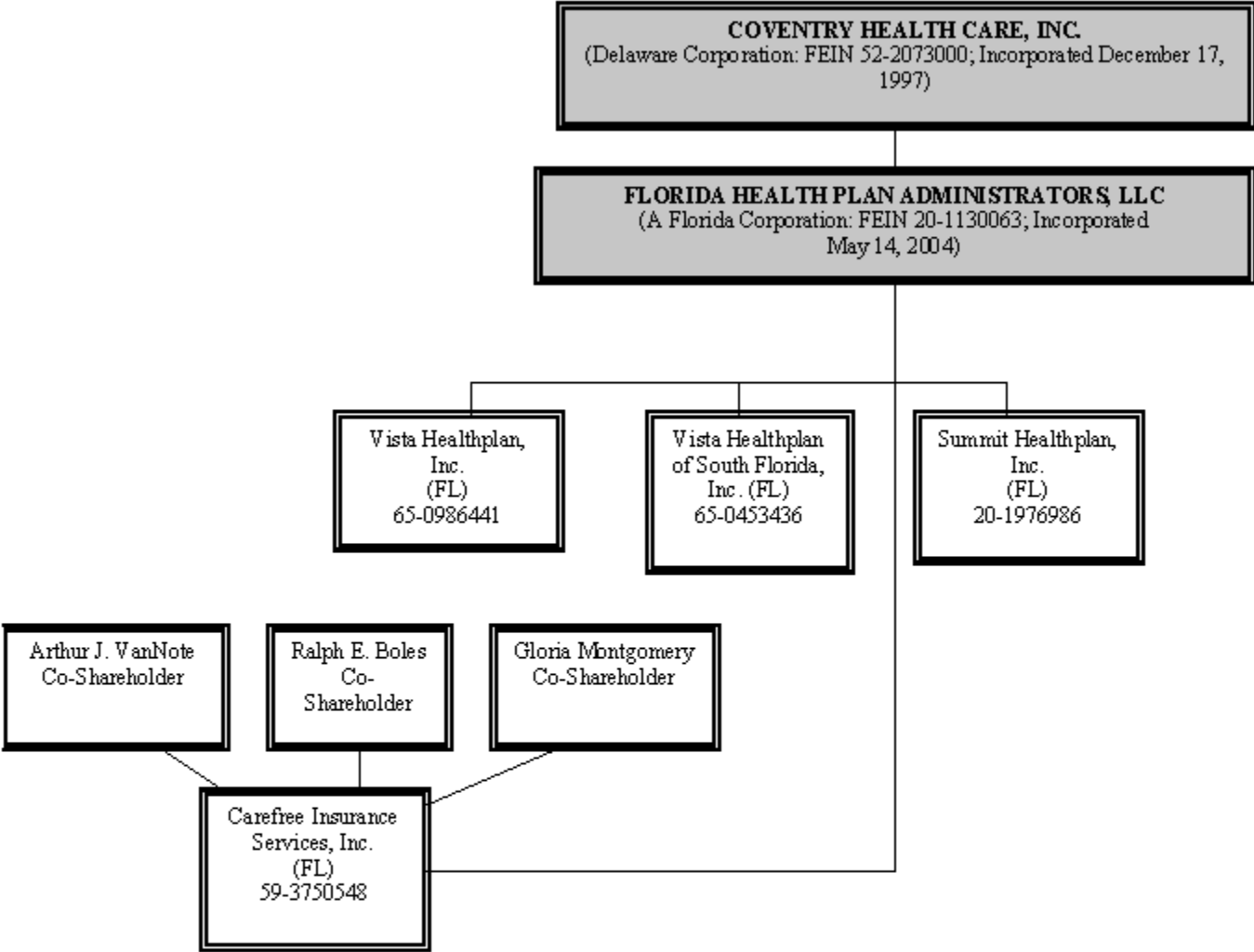
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



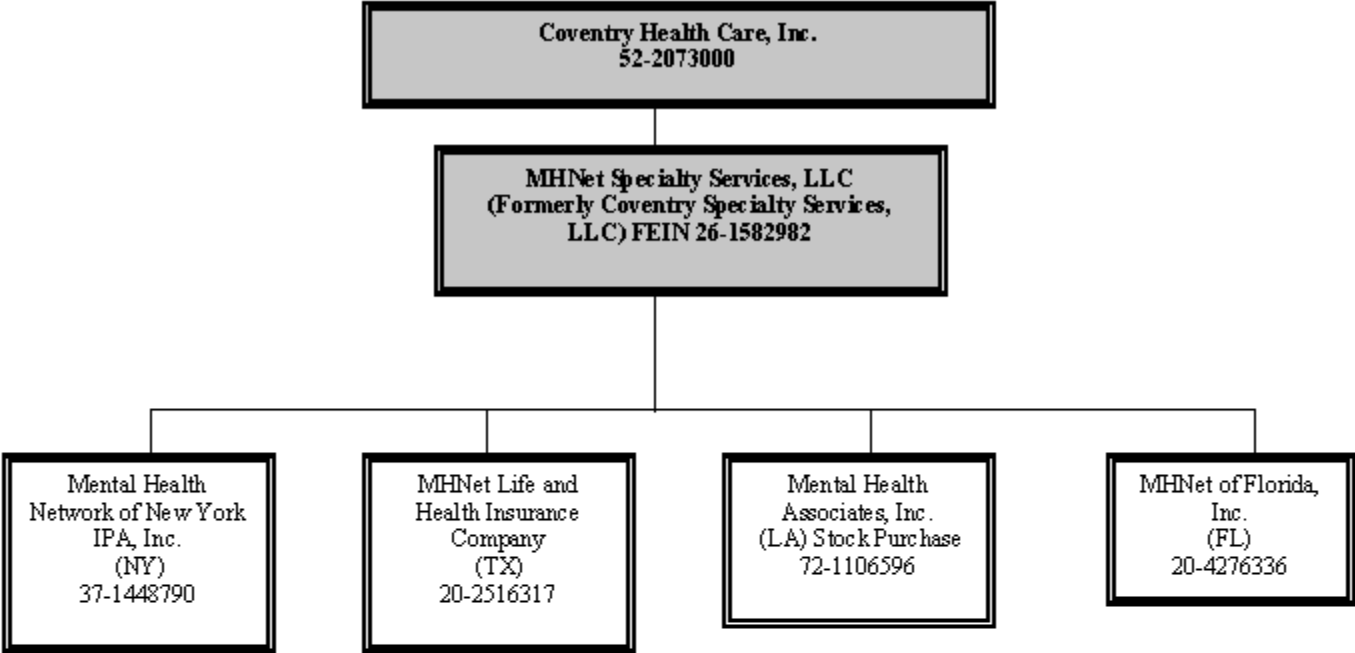
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



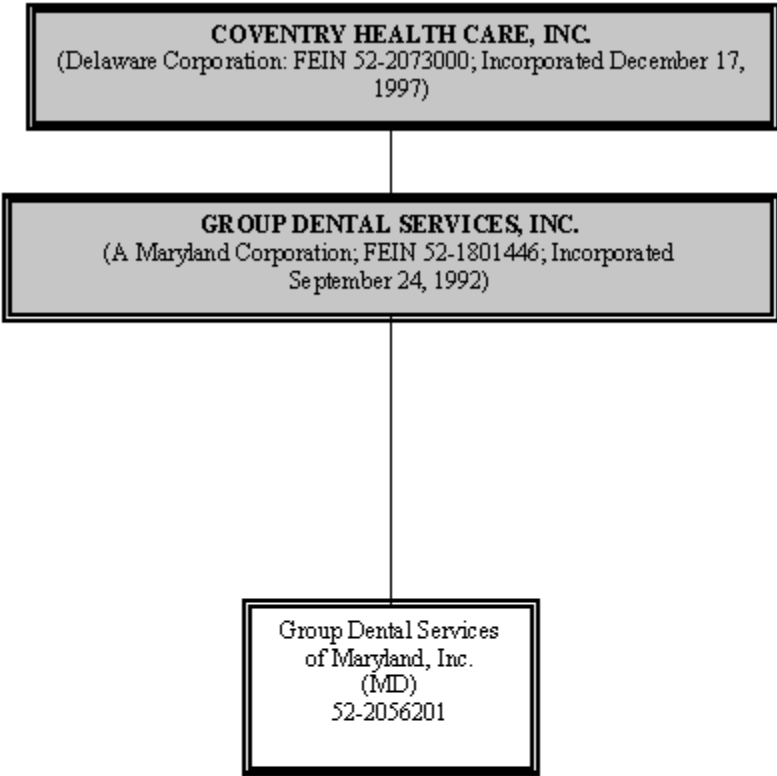
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Exhibit of Nonadmitted Assets	16
Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	20
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	21
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	22
Exhibit 7 – Part 1 – Summary of Transactions With Providers	23
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	23
Exhibit 8 – Furniture, Equipment and Supplies Owned	24
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Premiums, Enrollment and Utilization (State Page)	29
Five-Year Historical Data	28
General Interrogatories	26
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	25
Overflow Page For Write-ins	41
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 2	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10
Schedule D – Part 1A – Section 1	SI05

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA –Verification Between Years	SI11
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E18
Schedule DB – Part A – Section 3	E19
Schedule DB – Part A – Verification Between Years	SI12
Schedule DB – Part B – Section 1	E19
Schedule DB – Part B – Section 2	E20
Schedule DB – Part B – Section 3	E20
Schedule DB – Part B – Verification Between Years	SI12
Schedule DB – Part C – Section 1	E21
Schedule DB – Part C – Section 2	E21
Schedule DB – Part C – Section 3	E22
Schedule DB – Part C – Verification Between Years	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Part D – Section 3	E23
Schedule DB – Part D – Verification Between Years	SI13
Schedule DB – Part E – Section 1	E24
Schedule DB – Part E – Verification	SI13
Schedule DB – Part F – Section 1	SI14
Schedule DB – Part F – Section 2	SI15
Schedule E – Part 1 – Cash	E25
Schedule E – Part 2 – Cash Equivalents	E26
Schedule E – Part 3 – Special Deposits	E27
Schedule S – Part 1 – Section 2	30
Schedule E – Verification Between Years	SI16
Schedule S – Part 2	31
Schedule S – Part 3 – Section 2	32
Schedule S – Part 4	33
Schedule S – Part 5	34
Schedule S – Part 6	35
Schedule T – Part 2 – Interstate Compact	37

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule T – Premiums and Other Considerations	36
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	38
Schedule Y - Part 2 – Summary of Insurer’s Transactions With Any Affiliates	39
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	40
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14

